

STREET TIME CREDIT REVIEW

OFFENDER NAME: _____ ODOC #: _____ REGIONAL OFFICE: _____

CRIME: _____

CASE #: _____ COUNTY: _____

SENTENCE: _____

CHRONOLOGY OF CASE: (Include reception, parole, arrest, ODOC warrant, revocation, re-incarceration and any other pertinent dates and information)

DATE	ACTION

CURRENT RELEASE DATE (CRD): _____

AMOUNT OF APPLICABLE STREET TIME: _____

CRD WITH STREET TIME APPLIED: _____

COPY OF CERTIFICATE OF REVOCATION ATTACHED

Revocation pending

PREPARED BY: _____ TITLE: _____

REGIONAL OFFICE: _____ DATE: _____

Discharge date: _____